

PSJ2 Exh 3

Marketing Tips

PURDUE

DISTRIBUTION LIST #1 - WITH ATTACHMENTS (Revised 8/4/98)

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TO: Entire Sales Force

FROM: Sally Allen Riddle

NUMBER: 92

DATE: August 4, 1998

OXYCONTIN® PRECISE LETTER PROGRAM UPDATES

Attached you will find copies of updated and new Precise letters available for your use as a follow-up to your OxyContin presentations.

Three new topics are now available in the Precise letter system for your use:

LOA: Cancer Pain Specific

LOB: Addiction

LOC: OxyIR®

The letters that have been updated are:

LO1: Start With Stay With

LO2: Thank you

LO3: Live with (Easy to Live With)

LO4: Easy to Dose

LO5: Missed you

Please take time to review the attached letters so you are familiar with their content. This program continues to have the potential to be a valuable asset to your selling efforts. Please take full advantage of it.

Attachments

PDD1502308184

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PKY180117076

LO1 Start with
Stay with

Dear Dr. (personalized):

I appreciate your interest in OxyContin® (oxycodone HCl controlled-release) Tablets CII, the only 12-hour oxycodone* product available.

OxyContin combines prompt analgesic onset with long-lasting, 12-hour pain control. It is indicated for patients with moderate to severe pain who require opioid therapy for more than a few days.

Q12h OxyContin is an analgesic you can start with and stay with based on the following benefits:

- Prompt analgesic onset within 1 hour occurs in most patients. OxyContin also provides 12 hours of smooth and sustained pain control. Patients are less likely to "clock-watch" when pain is controlled over long periods.
- Unlike combination opioid analgesics such as Percodan®, Percocet®, Vicodin®, Darvocet-N®, and Tylenol® with Codeine, OxyContin is a single-entity agent and contains no acetaminophen or aspirin. This means that OxyContin may be dosed as high as clinically necessary, until an effective dose is reached.
- Ease of titration makes OxyContin an analgesic your patients can stay with. Daily dosage can be adjusted every 1 to 2 days until an effective dose is reached.
- In studies of patients with cancer pain, most patients were titrated to stable pain control within 2 days. Dose increases are now easier with the addition of an 80 mg tablet strength. OxyContin 80 mg Tablet for use only in opioid-tolerant patients requiring daily oxycodone equivalent dosages of 160 mg or more.

Please consider q12h OxyContin for your next patient with moderate to severe pain.

- In cancer patients: OxyContin may be used as initial opioid therapy for patients no longer responding to, or tolerating nonopioids.
- In noncancer patients: A prn opioid or OxyContin may be appropriate as initial opioid therapy, as judged by the prescriber.

It's the one you can start with and stay with when around-the-clock (A-T-C) opioid therapy is indicated.

OxyContin Tablets are to be swallowed whole, and are not to be broken, chewed or crushed. Taking broken, chewed or crushed OxyContin Tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone.

The most serious risk associated with opioids, including OxyContin, is respiratory depression. Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, pruritus, headache, dry mouth, sweating, and weakness.

Cordially,

(rep signature)

(name)

Your Purdue Representative

*Oxycodone is the opioid ingredient in Percocet®, Percodan®, and Tylox®.

Percocet and Percodan are registered trademarks of The DuPont Merck Pharmaceutical Co. Vicodin is a registered trademark of Knoll Laboratories. Darvocet-N is a registered trademark of Eli Lilly and Company. Tylox and Tylenol are registered trademarks of McNeil Pharmaceutical.

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PKY180117077

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D4967-1

PUR-4000195C

PDD1502308186

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PKY180117078

L02 Thank you

Dear Dr. (personalized):

I enjoyed meeting with you the other day. You'll recall we discussed OxyContin® (oxycodone HCl controlled-release) Tablets CII, our 12-hour oxycodone* product. Let me briefly review the main points we covered.

- OxyContin is the only product available that combines the analgesic efficacy of immediate-release oxycodone with the convenience of q12h dosing. It is indicated for patients with moderate to severe pain who require opioid therapy for more than a few days.
- OxyContin provides prompt analgesic onset within 1 hour for most patients, as shown in clinical trials.
- OxyContin contains no acetaminophen or aspirin. Unlike Percodan®, Percocet®, Vicodin®, Darvocet-N®, and Tylenol® with Codeine, OxyContin may be dosed as high as clinically necessary, until an effective dose is reached.
- Four tablet strengths, including the 80 mg tablet, make OxyContin easier than ever to titrate—with fewer tablets to take. OxyContin 80 mg Tablet for use only in opioid-tolerant patients requiring daily oxycodone equivalent dosages of 160 mg or more.

Please consider q12h OxyContin for your next patient with moderate to severe pain.

- In noncancer patients: A prn opioid or OxyContin may be appropriate as initial opioid therapy, as judged by the prescriber.
- In cancer patients: OxyContin may be used as initial opioid therapy for patients no longer responding to, or tolerating nonopioids.

OxyContin Tablets are to be swallowed whole, and are not to be broken, chewed or crushed. Taking broken, chewed or crushed OxyContin Tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone.

The most serious risk associated with opioids, including OxyContin, is respiratory depression.

Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, pruritus, headache, dry mouth, sweating, and weakness.

Cordially,

(rep signature)

(name)

Your Purdue Representative

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D4967-2

PUR-4000195B

PDD1502308187

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PKY180117079

LO3 Live with

Dear Dr. (personalized):

It was a pleasure speaking with you the other day about OxyContin® (oxycodone HCl controlled-release) Tablets CII, the only 12-hour oxycodone* product available.

OxyContin combines the analgesic efficacy of immediate-release oxycodone with the convenience of q12h dosing. It is indicated for patients with moderate to severe pain who require opioid therapy for more than a few days.

Q12h OxyContin, administered around-the-clock (A-T-C), is easy for your patients to live with because it provides...

- Prompt onset of action within 1 hour in most patients.
- 12 hours of smooth and sustained pain control. The convenient q12h dosing schedule won't interfere with patients' daytime activities or nighttime rest, and encourages compliance.
- A side-effect profile similar to other opioids. Studies have shown that, for most patients, many side effects (except constipation) diminish over time, even as daily doses increase.
- Four dosage strengths, including an 80 mg tablet, provide patients with the advantages of dosing flexibility and fewer tablets to take. OxyContin 80 mg Tablet for use only in opioid-tolerant patients requiring daily oxycodone equivalent dosages of 160 mg or more.

Please consider q12h OxyContin for your next patient with persistent moderate to severe pain.

- In noncancer patients: A prn opioid or OxyContin may be appropriate as initial opioid therapy, as judged by the prescriber.
- In cancer patients: OxyContin may be used as initial opioid therapy for patients no longer responding to, or tolerating nonopioids.

OxyContin Tablets are to be swallowed whole, and are not to be broken, chewed or crushed. Taking broken, chewed or crushed OxyContin Tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone.

The most serious risk associated with opioids, including OxyContin, is respiratory depression. Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, pruritus, headache, dry mouth, sweating, and weakness.

Cordially,

(rep signature)

(name)

Your Purdue Representative

*Oxycodone is the opioid ingredient in Percocet®, Percodan®, and Tylox®.

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PKY180117080

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D4967-3

PUR-4000195D

PDD1502308189

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PKY180117081

LOT Easy to
dose

Dear Dr. (personalized):

It was a pleasure speaking with you the other day about OxyContin® (oxycodone HCl controlled-release) Tablets CII, the only 12-hour oxycodone* product available.

- OxyContin combines the analgesic efficacy of immediate-release oxycodone with the ease of q12h dosing. Prompt analgesic onset with OxyContin begins within 1 hour for most patients. In addition, it provides 12 hours of smooth and sustained pain control. OxyContin is indicated for patients with moderate to severe pain who require opioid therapy for more than a few days.
- The q12h dosing schedule won't interfere with patients' daytime activities or nighttime rest, and encourages compliance.
- Dosing with OxyContin is not only convenient, it's flexible as well. OxyContin comes in four tablet strengths (10 mg, 20 mg, 40 mg and 80 mg), which allows precise titration to an effective dose. OxyContin 80 mg Tablet for use only in opioid-tolerant patients requiring daily oxycodone equivalent dosages of 160 mg or more.
- OxyContin may be dosed as high as clinically necessary, unlike combination analgesic products such as Percocet®, Percodan®, Vicodin®, Darvocet-N®, and Tylenol® with Codeine. OxyContin can be titrated upward every 1-2 days, when clinically necessary, until an effective dose is reached.

Please consider OxyContin for your next patient with persistent moderate to severe pain.

- In noncancer patients: A prn opioid or OxyContin may be appropriate as initial opioid therapy, as judged by the prescriber.
- In cancer patients: OxyContin may be used as initial opioid therapy for patients no longer responding to, or tolerating nonopioids.

OxyContin Tablets are to be swallowed whole, and are not to be broken, chewed or crushed. Taking broken, chewed or crushed OxyContin Tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone. The most serious risk associated with opioids, including OxyContin, is respiratory depression. Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, pruritus, headache, dry mouth, sweating, and weakness.

Cordially,

(rep signature)

(name)

Your Purdue Representative

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D4967-4

PUR-4000195E

PDD1502308190

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PKY180117082

L05 Missed
you

Dear Dr. (personalized):

Sorry we missed each other yesterday. I wanted to talk to you about OxyContin® (oxycodone HCl controlled-release) Tablets CII, the only 12-hour oxycodone product available.

- OxyContin provides prompt analgesic onset within 1 hour in most patients, is easy to titrate, and has a side-effect profile similar to other opioids. Four tablet strengths, including an 80 mg tablet, means fewer tablets for patients to take. OxyContin 80 mg Tablet for use only in opioid-tolerant patients requiring daily oxycodone equivalent dosages of 160 mg or more.
- OxyContin is the only product available that combines the analgesic efficacy of immediate-release oxycodone* with the ease of q12h dosing. It is indicated for patients with moderate to severe pain who require opioid therapy for more than a few days.
- OxyContin contains no acetaminophen or aspirin. Unlike Percodan®, Percocet®, Vicodin®, Darvocet-N®, and Tylenol® with Codeine, OxyContin may be dosed as high as clinically necessary, until an effective dose is reached.

Please consider q12h OxyContin for your next patient with moderate to severe pain.

- In noncancer patients: A prn opioid or OxyContin may be appropriate as initial opioid therapy, as judged by the prescriber.
- In cancer patients: OxyContin may be used as initial opioid therapy for patients no longer responding to, or tolerating nonopioids.

OxyContin Tablets are to be swallowed whole, and are not to be broken, chewed or crushed. Taking broken, chewed or crushed OxyContin Tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone.

The most serious risk associated with opioids, including OxyContin, is respiratory depression.

Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, pruritus, headache, dry mouth, sweating, and weakness.

Cordially,

(rep signature)

(name)

Your Purdue Representative

*Oxycodone is the opioid ingredient in Percocet®, Percodan®, and Tylox®.

Percocet and Percodan are registered trademarks of The DuPont Merck Pharmaceutical Co. Vicodin is a registered trademark of Knoll Laboratories. Darvocet-N is a registered trademark of Eli Lilly and Company. Tylox and Tylenol are registered trademarks of McNeil Pharmaceutical.

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D4967-5

PUR-4000195A

PDD1502308191

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PKY180117083

Jun-08-98 02:57pm From:LYONS LAVEY

+12127713010

T-824 P.04/06 F-983

LOA
Cancer pain
specific

(date)

Dear Dr. (personalized):

Thank you for taking the time to talk to me the other day about pain management in cancer patients. Cancer pain is often unpredictable and subject to fluctuation...due to disease progression or the aftereffects of treatment.

OxyContin® (oxycodone HCl controlled-release) Tablets CII are indicated for patients with moderate to severe pain who require opioid therapy for more than a few days, and should be considered for patients with cancer pain. As discussed, the benefits of OxyContin include:

Analgesic onset within 1 hour in most patients. OxyContin provides prompt pain relief combined with the convenience of q12h dosing.

OxyContin is as effective as MS Contin® (morphine sulfate controlled-release). Comparable efficacy was proven in two separate studies, with no significant difference in side effects.^{1,2}

No analgesic "ceiling" and not limited to a maximum daily dose. Unlike Percocet®, Vicodin®, or Lorcet®, which contain acetaminophen or aspirin, OxyContin may be dosed as high as clinically necessary. There's no longer any need to switch to another opioid because of dose limitations or a compliance-defeating regimen.

Greater titration flexibility. OxyContin dosage may be titrated by 25% to 50% every 1 to 2 days, if needed. Four dosage strengths, including an 80 mg tablet, allow precise titration to an effective dose. The OxyContin 80 mg Tablet is for use only in opioid-tolerant patients requiring daily oxycodone equivalent dosages of 160 mg or more.

Fewer tablets to take...and prescribe. Patients requiring higher doses can now be managed on fewer tablets. The tablets are small, color-coded, easy to identify and swallow.

Side effects common to all opioids. Side effects often diminish over time for most patients with OxyContin, except for constipation.

12-hour convenience. Twice-daily dosing won't interfere with patients' daytime activities or nighttime rest.

OxyContin is an analgesic you can stay with in treating cancer patients because it is particularly appropriate in patients with fluctuating pain.

OxyContin Tablets are to be swallowed whole, and are not to be broken, chewed or crushed. Taking broken, chewed or crushed OxyContin Tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone. The most serious risk associated with opioids, including OxyContin, is respiratory depression. Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, pruritus, headache, dry mouth, sweating, and weakness.

In cancer patients: OxyContin may be used as initial opioid therapy for patients no longer responding to or tolerating nonopioids.

Cordially,

(rep signature)

(name)

Your Purdue Representative

PDD1502308192

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PKY180117084

Jun-08-88 02:57pm From-LYONS LAVEY

+12127713010

T-824 P.05/06 F-983

References: 1. Kaiko R, Lacouture P, Hopf K, et al. Analgesic onset and potency of oral controlled-release (CR) oxycodone and CR morphine. *Clin Pharmacol Ther.* 1996;59:130. Abstract 2. LoRusso P, Silberstein P, Citron M, et al. Comparison of controlled-release oxycodone (OxyContin) tablets with controlled-release morphine (MS Contin) in patients with cancer pain. Presented at the 13th Annual Scientific Meeting of the American Pain Society; November, 1994; Miami Beach, Fla.

MS Contin is a registered trademark of The Purdue Frederick Company. Percocet is a registered trademark of The DuPont Merck Pharmaceutical Co. Vicodin is a registered trademark of Knoll Laboratories. Lorpet is a registered trademark of UAD Laboratories.

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B4967-6 PUR-4000146B

PDD1502308193

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PKY180117085

Jun-09-98 02:57pm From:LYONS LAVEY

+12127713010

T-824 P.03/06 F-883

LOB
Addiction

(date)

Dear Dr. (personalized):

Thank you for taking the time to talk to me about your treatment approach to pain management. As we discussed, it seems one of the greatest obstacles to effective pain management with opioids is the perceived fear of addiction. However, the risk of addiction to opioids in clinical care has been greatly exaggerated.¹

Experts in pain management currently define addiction as "...the compulsive use of a drug for nonmedical purposes, usually with harm to the individual."² Very few patients taking opioids for pain fit this definition.

Use of opioids in pain patients is not "compulsive," but stable and regularly scheduled to control their pain. The medical purpose is clear...and the effects clearly beneficial, not harmful. In fact, a survey of more than 11,000 opioid-using patients, taken over several years, found that less than 1% (4 cases) of these patients had documented cases of addiction.³

As one pain specialist, Russell K. Portenoy, MD, recently remarked, "Pain specialists now consider opioid therapy appropriate, safe, and effective on a long-term basis for selected patients with chronic nonmalignant pain, provided that patients are carefully monitored. The risk of opioid abuse or addiction in patients without prior histories of abuse is extremely rare...."⁴

The fear of addiction by patients must also be recognized—with the potential for significant improvement in their pain management, it's important to allay any fears patients may have about taking opioids. Failure to do so may result in nonuse or improper use by patients. Experience has shown that to achieve a successful outcome, a patient's fears and anxieties should be anticipated and addressed continually during opioid therapy.⁵

We're confident that effective pain management can be achieved in more patients if physicians like yourself look at the facts. By recognizing the fear of addiction, more and more patients can be helped with opioid therapy.

Cordially,

(rep signature)

(name)

Your Purdue Representative

For more information about pain management and prevention, visit our Web site: www.partnersagainstpain.com

References: 1. Portenoy RK. The management of cancer pain. *Compr Ther.* 1990;16(1):53-65. 2. Rosendahl I. Painful truth. *Drug Topics.* November 21, 1994:39. 3. Porter J, Jick H. Addiction rare in patients treated with narcotics. *N Engl J Med.* 1980;302:123. 4. Pain specialist calls for physician-regulator dialogue on opioid therapy. As reported in *PR Newswire*, November 17, 1996. 5. Portenoy RK. Pharmacologic management of cancer pain. *Semin Oncol.* 1995; 22(Suppl 3):112-120.

B4967-7 PUR-4000146A

PDD1502308194

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PKY180117086

Jun-09-08 02:57pm From:LYONS LAVEY

+12127713010

T-824 P.06/06 F-983

LOC
OxyIR

(date)

Dear Dr. (personalized):

Thank you for taking the time to discuss your pain management protocols and the role of an immediate-release oxycodone such as OxyIR® (oxycodone HCl immediate-release) Capsules CII. Physicians have asked me why it's important to coprescribe OxyIR with q12h OxyContin® (oxycodone HCl controlled-release) Tablets CII.

Immediate-release oxycodone as in OxyIR serves several useful purposes, particularly during the early titration phase:

- **OxyIR—for prompt relief of breakthrough pain during OxyContin dose adjustments...**
Breakthrough pain—due to an insufficient analgesic dose—typically occurs near the end of a dosing cycle.
- **OxyIR—as an indicator for further OxyContin dose increases...**
The need for more than two rescue doses per day for breakthrough pain indicates that the OxyContin dose should be raised 25% to 50%, rather than increasing the dosing frequency.
- **OxyIR—as supplemental analgesia for incident pain...**
Incident pain occurs when patients are most active. Taken 1 hour before anticipated periods of increased activity, OxyIR will effectively control this pain—often without the necessity of adjusting the OxyContin dose.

OxyContin Tablets are to be swallowed whole, and are not to be broken, chewed or crushed. Taking broken, chewed or crushed OxyContin Tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone.

The most serious risk associated with opioids, including OxyContin and OxyIR, is respiratory depression. Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, pruritus, headache, dry mouth, sweating, and weakness.

OxyContin and OxyIR—perfect partners for patients with moderate to severe pain.

Cordially,

(rep signature)

(name)

Your Purdue Representative

Please read the enclosed professional prescribing information for OxyContin and OxyIR.

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B4967-8 PUR-4000146C

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